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Agents affecting Nutrition.

TREATMENT OF ENLARGEMENT, INDURATION, AND INFLAMMATION OF THE SPLEEN.

BY Q. C. SMITH, M.D., CLOVERDALE, CAL.

ONE of the most frequent and distressing sequels of acute malarial disease is an abnormal condition of the spleen. The spleen is, so to speak, a very docile organ, yet its functions are none the less important because it does not always loudly complain when its structure is injured, and thereby its functions deranged, by morbific influences.

Although pathologists do not agree as to *what* its proper functions are, or *how* they are performed, yet it is a received fact that it plays some very important part in changing the blood, so that it may be fit for nourishing the various tissues of the body while circulating through their structure. We would merely suggest an opinion that the office of the spleen in the animal economy is to serve as a store-house and laboratory, where the blood is received during the reposing hours, and its finer products elaborated ready for building up the various tissues of the body.

Two of the reasons why we entertain this opinion are, first, the spleen receives its supply of nerve-force mainly from the sympathetic system, which controls the process of nutrition and secretion; secondly, it is a well-known fact that herbivorous animals, which have no contractile tissue in the construction of their spleens, do not endure active labor immediately after taking food nearly so well as carnivorous animals and man, whose spleens are highly endowed with contractile tissue, and whose digestive processes are more rapidly performed. And these ideas fully agree with those we published some years ago, that "*the primary effects that malaria produces upon the human organism* are by and through the agency of the great sympathetic system of nerves."

It is a well-known fact, that under any disturbing influence that destroys the natural equilibrium of the sympathetic nerve-force supplied to any organ or part, whether the disturbing influence or agent be mechanical, a more or less sudden change of temperature, or otherwise, the organ or part so supplied will soon become congested and crippled in its functions. And the congestion of the organ or part causes an abnormally increased temperature to obtain therein, so that it becomes more or less permanently changed in its structure, and consequently its functions are more or less perverted, thereby causing the products that it elaborates to become vitiated to such an extent as often to produce serious injury to the general system. When we take this view of the *modus operandi* of morbific agents upon the animal economy, we strip the subject of much of its time-honored mystery, and by thus reasoning from cause to effect and from effect to cause we are enabled to take a bold stride forward in pathological knowledge, a clear idea of which is an indispensable requisite for intelligent therapeutics.

But to return to our text. We practiced several years in the valley of the lower Mississippi, and had many cases of chronic enlargement of the spleen, as a sequel and attendant complication of other malarial affections. To relieve a number of the first of these cases, we tried the virtues of most of the remedies recommended in the standard works, but did not succeed with any of them as well as we thought we should, and therefore were partially compelled to fall back upon our own resources.

In this connection, we would mention a fact we have never seen alluded to before by any writer. Almost all of the cases of enlarged and indurated spleen occurred in individuals of dark hair and skin; and those with red or auburn hair and fair thin skin were almost entirely exempt from this troublesome ailment, though they were generally unusually susceptible to the effects of malaria, which manifested itself upon them in other forms.

To illustrate my plan of treatment, I will briefly give the history of a typical case. Mrs. F., aged about 40, mother of several children; dark hair and skin. Had resided for several years past in a densely malarial region, and had suffered from repeated attacks of chills and fever, and when first seen was confined to bed, only able to sit up a few minutes at a time. Had just passed through an attack of bilious fever, to cure which her previous medical attendant had administered mercurials and quinine freely, both to an injurious extent, leaving her badly salivated as well as deafened. Some of the results of this treatment were to break up the daily paroxysms of high fever and nightly remissions, and in their stead was a low grade of continued fever, which was slowly but surely burning up what little vitality remained. The patient had been severely purged, but the bowels were now constipated, urine scanty, high-colored, and very dense; skin dry and sallow; spleen and liver greatly enlarged; spleen somewhat tender on pressure, and indurated to such a degree as to appear to the feel like a smooth block of wood; feet and legs much swollen from dropsical effusion; no appetite for food. We prescribed: R. Leptandrin gr. iii, ipecac gr. j, M. ft. pulv. Sig.: one powder every three hours, until the bowels move once. Also, a saturated solution of iodide of potassium, a tablespoonful three times a day, to be given every other day, and syrup iodide of iron, 30 drops, three times a day, on intermediate days. A saturated solution of acetate of potassa, a tablespoonful four times a day; to be taken until the urine should become natural. No medicines at night; but should the patient thirst during the night, give a drink of sweetened water made pleasantly acid by dilute phosphoric acid. The diet was restricted to fresh lean meats, corn bread, butter-

milk, and ripe fruits. The entire person to be thoroughly washed and linen changed twice a week. Under this treatment, the patient rapidly improved; the spleen and liver rapidly diminished in size, so that in three weeks from the commencement of the treatment, she presented a more sightly appearance than for two years previously, as her abdomen had been so distended by the enlarged spleen and liver as to present the appearance of advanced pregnancy. Within two weeks from the commencement of the treatment, she was able to walk about the house and yard; and at the end of six weeks was discharged, as being, to all appearance, entirely cured.

This was an unusually obstinate and severe case, but we give the details and length of time to show that the treatment must be persevered in, sometimes for weeks, to effect a cure. We have seen a few, and only a few, cases, where the vital forces were so exhausted, and some organ or organs so injured, and its functions deranged to such a degree, that the resources of the materia medica were powerless. We could give the history of a number of cases, more or less similar to this, but as this was a typical one, and the treatment much the same, we will not consume time and space in repetition of tedious details. But we would add, that there are sometimes troublesome complications, and one of the most common is dyspepsia, for the relief of which we found tincture of nux vomica in half to one teaspoonful doses, slightly diluted, three times a day, to be the most efficient remedy. And in some cases of long standing, where the enlarged spleen did not yield to the aforementioned treatment, we found Fowler's solution, given in full doses three times a day, every third day (suspending other remedies while it was being given) to have a good effect. In addition to the internal treatment, we sometimes used, with apparent good effect, a strong ethereal camphorated tinct. of iodine, painted over the region of the spleen and liver.

ALIMENTATION IN DISEASE.

A KNOWLEDGE of the best means of nourishing the human system in disease is a subject in which every skillful physician necessarily feels a deep interest, for it is in the practical application of this knowledge that we must mainly depend for success in practice. It is important to remember that it is not the particular kind of food merely that is indicated in a given form of disease, but the character of the food and the manner in which it is prepared; for example, if a meat diet is indicated, we should know whether the meat is of good quality and properly cooked for the sick; otherwise, like poisoned milk, it may become a source of disease.

Says Dr. H. Wellington: "The late outbreak of fever, through infected milk, has aroused the slumbering theory—milk is an affectable body, and being an animal substance or product, is essentially susceptible of affections for putrefying causes, like as veal is, and especially so when there is a thundery atmosphere. . . . Milk is affectable by atmospheric poison, and is capable of incubating the worst morbid principle, and of becoming thereby an infectant of those who drink it."

In relation to the subject of alimentation in disease, the following article by Dr. A. G. Field, of Des Moines, Iowa, is full of important information and valuable suggestions:

"The discriminate selection of a diet for the sick is oftentimes one of the most perplexing duties of the practitioner. And yet it is a duty that in many instances is of equal importance with, and even more difficult than, the selection of medicinal agencies with which to meet more directly morbid processes.

"This holds true not only in the management of diseases of the alimentary canal, but in diseases of the glandular organs, the serous and fibrous tissues, and in nervous and mental diseases. The attending physician, in the selection of a diet for his patient, is required to exercise a choice that is based upon the most intimate knowledge of physiology and of animal chemistry.

"He must take into account, also, the peculiar habits, tastes, idiosyncrasies and caprices, as well as the circumstances and outward surroundings of the case. In a general report upon this subject, it is impossible to do more than canvass general principles, in the light of our present knowledge. When we come to know more about the principles of life, and of the ultimate causes of disease, we shall know more of the mutations upon which the one depends, and by which the other is removed, and shall know more, too, of the peculiar demands for food in the course of a disease. But, at present, the data from which to lay down any general rules for 'alimentation in disease' are very incomplete, because it is well known that an article of diet that may be appropriate and digestible to a majority in any given disease will be indigestible and even loathsome to some individuals, and that, too, from causes which, so far as our present knowledge extends, are still in obscurity. In attempting to systematize observations upon this subject, two propositions naturally present themselves:

"1st. That in local diseases of the alimentary canal, such kinds or articles of diet should be selected as can be digested and assimilated without the aid of the digestive organs or fluids involved in the primary lesion.

"2d. That in fevers and other diseases affecting the general economy, food should be selected with a view to repairing the tissue or element of tissue which suffers most, either from an increase in the destructive metamorphoses, or from a perversion of the nutrifying process.

"The food required by the human body constitutes a considerable variety. One kind is digested principally in one part of the alimentary canal by one process, and another kind in another part by another process. The first of these propositions involves a consideration of the nature and amount of the several kinds of alimentary substances required, and the conditions or status of the digestive organs or fluids upon which their several legitimate functions depend. In health, the average daily diet consists of about 16 ozs. of meat, 19 ozs. of bread, 3½ ozs. of fat or butter, and 52 ozs. of water. To digest the nitrogenous substances, from 14 to 16 lbs. of gastric juice are secreted. Starchy matters require 3 or 4 lbs. of saliva, and the fat or butter more than 3 lbs. of biliary and pancreatic secretions, including what is also required in starch digestion, to say nothing of accessory foods and other digestive fluids. For every ounce of crude alimentary substance, therefore, the soluble portion only of which enters the circulation, there are at least 4 ozs. of digestive fluids required, which also enter the circulation with the soluble food. The gastric juice, saliva, bile, etc., thus returning to the sources from whence they were derived, perform, in their respective missions, cycles, which concern nearly every other physiological process. It therefore becomes a matter of primary importance to the general economy that these be of normal constitution, both in quality and quantity, since nature sends out four old soldiers to initiate every new recruit. In health, by far the largest

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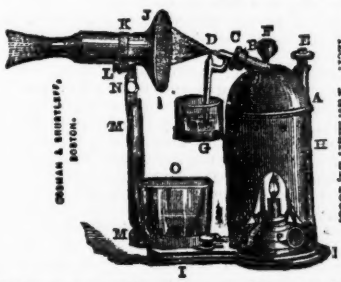

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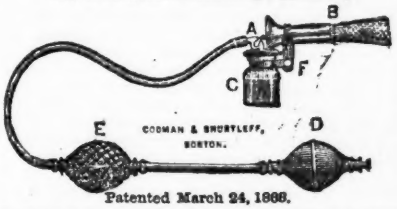
Fig. 5. Shurtleff's Atomizing Apparatus.



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part of alimentary substances reaches the circulation by way of the small intestines, where the accrementitious or soluble matter separates from the excrementitous. Nitrogenous substances dissolved by gastric juice, and the amylaceous, converted into dextrine and sugar by the action of saliva, bile, and pancreatic juice, are taken up by the portal system and carried with the venous blood of the intestines and spleen into the liver, from which they are passed in modified form into the right auricle. The hydro-carbons, consisting chiefly of fats, are in the form of an emulsion with bile and pancreatic fluid, which is taken up by the chyliferous vessels, from which it enters the subclavian vein. By this brief reversion to the physiology of digestion, we are provided with a standpoint from which to consider its pathology, or the modifications of it in the course of diseases.

"There is, perhaps, no perverted condition of the alimentary canal, either functional or organic, that does not interfere with some part of the process in the digestion of a general or mixed diet. An inflammatory condition diminishes the peculiar secretion of the membrane involved in proportion to the extent of the surface inflamed, while there is in that rather undefined condition preceding congestion, termed irritation, as well as from the effect of local stimulation, an excess of the secretion.

"In gastritis, therefore, it becomes necessary to subsist the patient chiefly upon an amylaceous diet, and one in which fluid is not in excess, because nitrogenous food will be but imperfectly digested and the fluids but partially absorbed. Nitrogenous food must be withheld also when the action of the gastric juice is suspended, as by the admixture of bile, or when it is deficient in pepsin or lactic acid. Inflammatory affections of the mouth, even of the pseudo-membranous variety, do not interfere to any great extent with the digestion of amylaceous food, because the parotid and sub-maxillary glands, which secrete the chief ingredients of saliva, are, to a considerable extent, below the structures usually affected, whereas the contiguity of relationship between the gastric mucous membrane and the minute glands which secrete gastric juice causes them to participate in morbid conditions of the gastric mucous membrane. In diseases in which there is a suspension of the biliary and pancreatic secretions, fluid forms of grain and amylaceous foods in moderate proportion are valuable, because they undergo salivary digestion and are absorbed by the veins of the stomach. But the hydro-carbons or fats are to be prohibited, and, to a considerable extent also, the carbo-hydrates, because the former are unchanged, and the latter undergo only salivary digestion.

"In these conditions, a nitrogenous diet is our chief reliance, and is best assimilated when in the fluid form. But by far the greatest difficulties in alimentation are presented in diseases of that portion of the small intestines in which the soluble portions of alimentary substances leave the alimentary tract for the general circulation. For it is of but little consequence to select an appropriate diet, or that it should be well digested, unless it be assimilated and appropriated in the reparation of tissue. If retained in the intestines, or not assimilated, an amylaceous diet ferments, and a nitrogenous putrifies, becoming thereby of themselves, in many instances, sources of disease. In affections of the small intestines, therefore, such as enterites, acute and chronic, and cholera infantum, if the physiological condition of the *vena portæ* and chyliferous vessels are impaired, only fluid diet should be given. It may be mixed in due proportions of the several kinds, but should be given in small quantity and at short intervals, in order that it may be taken up by the absorbents of the stomach and upper part of the intestinal canal.

"Our second proposition is: that in diseases affecting the general economy, food should be selected with a view to the reparation of the tissues or elements of tissue which suffer most, either from an increase of the destructive metamorphoses or from a perversion of the nutrifying process.

"This brings us to the consideration of the ultimate uses of the several kinds of food. Body heat and tissue metamorphosis must be maintained by heat-producing and tissue-forming materials, which if not supplied from without are taken from within; or, in other words, from the carbon and glycogen stored in the blood and in the substance of tissue. When these are exhausted, fatal inanition ensues. The little fire that was kindled under the heap to flicker away its three-score years and ten soon dies out if no fresh fuel be supplied. Death may be a remote rather than an immediate result of disease. But it rarely happens that death from starvation in an abstract sense is general. The elements of muscular fibre may be withheld or rejected; or they may be misappropriated, resulting in degenerating and fatal atrophy, as sometimes happens in albuminuria; or there may be starvation for want of the heat or respiratory elements of food, they having been exhausted, as may occur in fevers; or the capsules of ultimate tissue-cells may die out, and molecular death ensue because there is no fat in the body to replenish them with. Long-continued abstinence from any one essential article or element of diet may result in death, even though all the others be supplied in abundance. Our foods, as supplied in the various articles of diet, are compounds of two or more elements in variable proportions, and although we make a classification of them into the hydro-carbons, carbo-hydrates, accessories, etc., but few, perhaps, are unadulterated, and absolutely free in their composition from elements which predominate in some of the other classes; even the most exclusively tissue-forming foods are found to be by experiment somewhat concerned in the maintenance of animal heat. And the best heat-producing foods evidently have something to do in the reparation of tissue, if not as material contributors, certainly as conservators, or economizers of the glycogenic process, and vital force.

"When, in the course of any general disease, a physiological process concerned in the nutrition of the body becomes involved, one of three typical conditions is represented in a less or greater degree: 1st. The tissue-demands for food may be abnormally diminished; or, 2d, the soluble portions, or nutritious elements of one or more kinds of food may be misappropriated; or, 3d, the tissue-demand for a particular kind of food may be abnormally increased. The first of these conditions is that in which tissue-metamorphosis is diminished, in a less or greater degree, and is represented in collapse; digestion and assimilation are diminished, or suspended; the pulse is small, or disappears from the extremities; respiration is slow and irregular, and the whole organic machinery moves with a feebleness that betrays deficiency in the vital impulse.

"The explanation of this condition is found in the constriction of the capillaries, and in the diminished capillary circulation. Tissue-demand for food is reduced to a minimum, and aliments, of whatever nature, solid or fluid, nutritious or stimulating, if ingested, remain unchanged, in proportion to the extent of collapse. It is evident, therefore, that alimentation in collapse may be worse than superfluous until body heat is re-

From the Journal of Applied Chemistry, January, 1874.

SOAP FOR TOILET AND MEDICINAL USES.

By Prof. W. A. Wetherbee, M.D.

It has been said by an eminent chemist that "the *quantity* of soap consumed by a nation would be no inaccurate measure whereby to estimate its wealth and civilization." With equal accuracy it might be added that the chemical and medical intelligence of that nation has much to do in determining the *quality* of those soaps, especially of those employed for toilet purposes.

In the preparation of soaps for mere detergent or scouring purposes, the oils or fats are chosen mainly with a view to economy. The principal efficacy is in the alkali employed, and the fats are added only to modify the former, to prevent it from corroding or dissolving the tissues of the fabrics to be cleansed. For domestic use in the laundry and the kitchen, no prudent housewife would think of purchasing the finest old castile soap for scouring linen, or washing the table crockery and cutlery. When she enters the bath or dressing-room, if she be a woman of refinement, she requires a finer article, and, in most cases, even unperfumed castile is too common, and not sufficiently agreeable to the olfactories. If well perfumed, she is apt to take it for granted that it is emollient and wholesome. *On this point occurs a very common mistake, for our market is flooded with so-called toilet soaps which, but for their perfume, would, from their impure and unwholesome quality, be almost unfit to remove the stains of manual labor from the hands of the least fastidious plough-boy.*

The mixed animal and vegetable fats which are gathered from our houses by the "soap-fat man" are in many cases transformed, by the addition of an alkali and agreeable perfumery, into expensive soaps for the toilet, while in many cases they are actually poisonous when used for the toilet by persons in health, rendering the skin rough and cracked, and often imparting that coarseness and redness which is so repugnant to those of delicate taste. But this is not all: in many skin diseases, the attending physician finds his prescribed remedies of comparatively little avail, without understanding why; *the fact being that the patient is daily applying a poison to the skin, in the shape of soaps made with impure fats or oils.* As a rule, soaps made only from pure vegetable oils are directed to be employed in medicine, and there is even a great difference in these. Much depends, too, on the manner of their saponification, when the object is to produce a soap which shall answer the double purpose of removing the impurities from the skin, and at the same time leaving it white, soft, and not liable to crack or become rough. There should be only a slight excess of alkali, since a greater amount would render the soap caustic and corrosive; the vegetable oils employed should be thoroughly refined, and perfectly free from rancidity; and if the soap be medicated, or perfumed with any foreign substances, these also should be selected with special care as to their healing properties. Many essential oils which are used to perfume soaps are of an acrid nature, and unfit to be applied to the skin, even in the very minute proportions in which they are added; and other substances, which in their primitive state are highly recommended for external use, are liable to become chemically changed by heat or other causes, in incorporating them into soaps, so that they are inert, or even deleterious. All these particulars are important, and if the manufacturer of toilet and medicated soaps be not a thorough chemist in his department of industry, he must necessarily fail to furnish a perfect article.

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April 8, 1874. *224 E. 14th St., N. Y.*

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plenished. This can not be supplied by the ingestion of the carbo-hydrates, and of amylaceous food. But body-heat must be supplied from extraneous sources, and when supplied tissue-metamorphosis and tissue-demand for food return, and the patient recovers rapidly with little or no apparent loss of the substance of the body, even though there may have been virtual abstinence from food for several days.

"The second of these typical conditions is that in which digestion and tissue-metamorphosis continue, but in which aliments are misappropriated to the formation of a substance other than the one formed in the healthy body.

"This condition is represented in extreme cases of diabetes and of albuminuria. The elements of the heat-producing or respiratory foods, in the one case, and elements of nitrogenous food in the other, are prematurely eliminated from the body.

"In diabetes, the body temperature is diminished. There is emaciation and starvation of tissue, because the starchy elements of the food are eliminated in the form of sugar before reaching the final chemico-vital changes whereby it is converted into tissue-fat, and assists in the evolution of animal heat. So long as this misappropriation continues, it is impossible for the subject to derive any real benefit from a class of foods in every way essential to well-being, although the salivary and intestinal powers of digestion may be even taxed to their utmost, by a superabundant ingestion of them. In albuminuria we have an analogous condition. In this disease, the elements of nitrogenous foods are eliminated from the body in the form of albumen instead of undergoing the final change whereby they contribute to the production of tissue-fibre, muscular and vital force, and urea. In the alimentation of these cases, substitutions are attempted. But the substituted food, other demands being equal, must be in excess of the amount necessary in health, and much care is required to sustain the overburdened powers of digestion; besides, nitrogenous food but poorly supplies the office of the amylaceous, and the amylaceous but imperfectly performs the physiological work of the nitrogenous, and unless the physiological conditions of the organs involved can be restored by remedial agencies (if any body knows what they are), the tissues chill in the one case, and starve to death in the other, for want of their proper food, while the stomach and the blood may be full of it.

"The third typical condition is represented in fever; in which tissue-combustion and, to some extent, tissue-metamorphosis, are abnormally increased, and in which condition, therefore, there is an increased demand on the part of tissues for the kind of food most supporting to respiration and animal heat. It has been shown by Hammond that about 12 ozs. of saccharine and starchy food is required daily to maintain the respiration and normal temperature of the body in health. In fevers, in which body temperature rises to and is maintained at from 102° to 105° F., the normal temperature of the body is exceeded by from one twentieth to one eighth. Making due allowance for the less demand for food by the recumbent posture, quietude, and artificial warmth with which the sick are usually supplied, it is evident that if the normal proportion of glycogen and fat entering into the constitution of tissue be unimpaired, the respiratory or heat-producing elements to meet the increased demand must be introduced as food, and, other demands being equal, must exceed the quantity required in health by from one twentieth to one eighth. Or, in other words, the starch and sugar elements supplied in food in fever, other demands being equal, must exceed the amount required in health, as the amount of body-heat in fever is to the amount in health. It is generally the case, however, in this condition, that the appetite does not second the demand, because the digestive fluids are diminished. But it is our duty to look beyond the appetite, which is a secondary consideration, to the primary one in the substance of tissue, where the poison of disease is at work with the hyper-oxidizing quality of the blood in the destruction of tissue. The difficulty, ordinarily, is not so much in the selection of appropriate articles of diet as it is to promote the digestion and assimilation of them. For this purpose, condiments are of especial value, as are also some of the accessory foods, among which may be mentioned fruits. Beef-essence and beef-tea may be mentioned as of especial value, not as articles of nutrition, but simply as promoters of digestion. Pepsin may also be classed as a promoter of digestion by supplying an alkaline deficiency in the constitution of the gastric juice. A large majority of condiments stimulate the gastric mucous membrane, and thereby increase the gastric secretion. Among the most valuable of the latter class in fevers may be mentioned common salt, the splitting up of which with water in the glands of the stomach liberates free hydrochloric acid from sodium hydroxide. The first is known to be one of the most potential agencies in stomach digestion, and the latter has been shown by Thudicum to be concerned in defending the gastric mucous membrane from the corrosive effect of the gastric juice. The hydroxide of sodium is still further concerned in the process of digestion after becoming, in the form of a carbonate, an ingredient of bile. In fevers, the demand for nitrogenous food is proportionally diminished, because voluntary muscular motion is diminished. But the involuntary muscular movements, which are ordinarily rather accelerated than otherwise, should be sustained by an adequate amount of nitrogenous food. We probably have no article better adapted to this purpose than new milk, which should be given at regular intervals. The hydro-carbons are also required to a certain extent to repair the continuous disintegration of brain and nerve tissue, the capsules of ultimate tissue-cells, etc., but may be supplied only in small quantity and at long intervals. Our chief dependence must be upon the carbo-hydrates, to which class belong most of the cereal and vegetable articles of diet. In these the predominating substance is starch, by which the respiration and body-heat are maintained, instead of by the elements of it stored up in the substance of tissue and the blood. These amylaceous articles of food, if supplied judiciously in excess of the usual proportion to other kinds of food, supply the hyper-oxidizing quality of the blood in fevers, and preserve the tissues to a considerable extent from the increased destructive metamorphosis which characterizes them.

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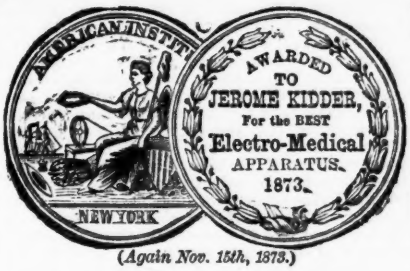

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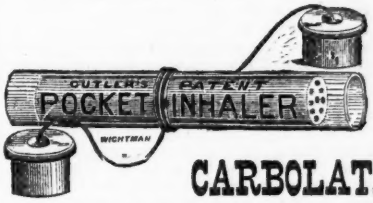

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PHYSIOLOGICAL THERAPEUTICS IN GASTRIC DISORDERS.

Lecture by Prof. W. O. Leube, in Jena. Condensed and Translated for the *Review* by Dr. H. P. von Petershausen.

Of late the conviction has grown among the profession that physiology is, in a higher degree than any other branch of physical science, designed for a guide to the scientific physician as far as diagnosis and therapeutics are concerned. How near physiology and practical medicine are related becomes more evident by considering the close connection between the functions of the diseased and the healthy organism. The only difference between them is but a formal one. Therefore discoveries in this field will modify both pathology and therapeutics. These, though depending upon empiricism, must yet regard physiological principles. The object of therapeutics is to change abnormal conditions into normal or physiological ones. Physiological points to be touched upon in this lecture will afford the true explanation of our clinical experience.

The treatment of diseases of the stomach is largely the treatment of dyspepsia, a symptom more or less frequently present in every gastric disease. Alteration in the structure of the walls of the stomach caused by any gastric disease always is followed by a change in the function of that organ. As a general expression of this change, we have those symptoms of difficult digestion which are known as dyspepsia. These symptoms are, in the treatment of diseases of the stomach, first to be taken in consideration.

We recognize the presence of dyspepsia by the following signs: irregularity of the appetite—from slight perversity to entire want of appetite, generally accompanied with increased thirst, disagreeable taste in the mouth, and the sensation of pressure in the stomach, eructation of gases or sour fluids, in some cases vomiting. Besides, there is depression of mind, hypochondriasis, headache—in short, different reactions of the nervous system, following the at first only local disease of the stomach.

It is not difficult to diagnosticate dyspepsia from these symptoms. But though this is easy, it will be difficult to select in a special case the appropriate remedy. It is to be regretted that there is not such a specific for dyspepsia as quinine is for intermittents, or mercury for syphilis. For every case of dyspepsia requires especial analysis respecting its variety and cause.

The two constituents of the normal gastric juice are a free acid and pepsin. Both are of equal importance, and one without the other is inactive. The most favorable condition for active digestion is 1 to 4 acid to 1000 gastric juice. But the amount of pepsin seems less important. It is true, as experiment has proved, that with the same quantity of acid the solution of albumen takes place earlier if the solution is rich in pepsin. But it has also been found that small quantities of pepsin are sufficient to dissolve indefinite quantities of fibrin; provided that always a new quantity of acid is at the disposition of the process of digestion. Pepsin, therefore, remains unchanged in the process of digestion of albumen. Thus it is evident, that the quickness of digestion depends upon the proper composition of gastric juice. Too much or too little of either of its constituents may produce disturbance in the process of digestion. The only correct treatment in such cases will be to improve the faulty composition of the gastric juice, either by supplying it with acid or pepsin, or by neutralizing the surplus acid by alkalies, or precipitating the surplus pepsin by a metallic salt.

Led by these principles, in any dyspepsia of long standing, the cause of which is not evident, I pursue the following plan: I evacuate the patient's stomach, by means of a saline cathartic in the morning, allow him to eat some roasted veal and bread at dinner-time; take one or two hours afterward, by aid of the stomach sound, a part of the contents of the stomach, examine its smell and reaction, and the degree of its solution. Then I place about equal quantities of the filtrated contents of the stomach in three bottles, and suspend besides in each of them a piece of boiled fibrin. To the contents of one of the bottles I add nothing, to those of the other two drops of muriatic acid, and to those of the third two drops of a neutral solution of pepsin. All three bottles are then placed in a vessel of water, whose temperature is kept between 95° and 105° F. The digestion in the last two bottles will show if one or the other addition causes a more rapid solution of the fibrin that in the first bottle, or if the additions were without effect.

Experience has shown now for most of those cases with disturbances in the proportion of the constituents of the gastric juice, that *want of acid* is most frequently the cause of disturbances in digestion.

Changes in the *proportion of pepsin* very seldom will cause anomalies in digestion. If there is any excess of pepsin and a sufficient quantity of acid, the process of digestion will be hastened, and *vice versa*. Digestion is kept in activity, provided that there is secreted sufficient diluted acid to dissolve albumen *in infinitum*, even if only small quantities of pepsin are present.

If there is proved *want of acid* in the digestive process, of course the administration of an acid is indicated. But the acid must not be given in a thoughtless manner, as, for instance, every two hours a tablespoonful of an acid mixture, but in such a way that the patient takes his medicine immediately before or after meals. Generally I give eight drops of acid hydrochlor. in a wineglass full of water, one hour after meals, and in more serious cases four hours after meals repeated. Interesting are Manassëin's experiments with dogs, in which fever and acute anæmia were artificially caused. In these diseases, deficiency of acid was proved by him to be the cause of the disturbance of digestion connected with them.

The last change in the mutual proportion of acid and pepsin consists in an *excess of acid*. Though generally believed that this is very common, I doubt that in many cases an excess of acid interferes with digestion. Even if there is a sour reaction of the contents of the stomach, we do not know by what kind of acid it is caused, as the different acids, lactic, butyric, acetic acid, act, combined with pepsin, in a different way upon the ingesta. Generally they protract digestion more or less. In spite of a sour reaction of the ingesta, I have often observed that an addition of acid hydrochlor. hastened the process of digestion.

After all, I hope that in diseases of the stomach, the muriatic acid will again become a more favored remedy, as this lately was the case where every thing was expected from the wine of pepsin. Especially I recommend the acid in the cases of reconvalescents, anæmic and feverish people, as well as in dilatation of the stomach. Judging from observations of Manassëin on his animals, acid may probably also be indicated in cases where, in the stomach, processes of putrefaction are going on. I must yet remark that I think there are cases in which pepsin is indicated. Given with acid, it will do good service in all those cases in which the latter alone has little effect.

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place those cases in which an *excess of mucus* is produced in the stomach. This prevents the normal production of acid, and gives rise to abnormal products of digestion. This presupposed, we may admit that presence of mucus causes the fermentation in the stomach, which then produces acetic, butyric, lactic, and carbonic acids and hydrogen. Should they be formed in excess, it would be advisable to give antacids, the more as alkalies, given in larger doses, also promote the normal secretion.

There are other causes in which a change of the *quantity of the secreted gastric juice in toto* must be considered as the cause of the dyspepsia. Under this head belong also the cases of so-called "torpid digestion," in which the stomach after introduction of the food does not produce the necessary quantity of juice. People who suffer from this form of digestion try therefore to remedy the insensibility of the mucous membrane of their stomach by taking strong spices and similar stimulating means. The presence of this pathological state is to be recognized by the sound. If this is brought into an empty stomach, and then through its tube is introduced some water, there will be produced a secretion in healthy people as a consequence of the irritation. When the sound is drawn out, a sour fluid flows from its end. In cases of torpor, no traces of a secretion following that little operation can be detected. In such cases, rhubarb, ipecac, etc., are given. I think they are of little use, and that more depends upon weaning the stomach from those vehement irritants. In more urgent cases, it might be advisable to administer such medicines as increase the secretion of the gastric juice. Such remedies are ether, alcohol, ice-water, alkalies, and probably the bitter tonics.

The product of the action of pepsino-muriatic acid upon albuminoid substances are the peptones (albuminose). As these have a lower osmotic equivalent, they are absorbed about seventy times easier than albumen. Experiments have proved that in artificial digesting mixtures, the albumen becomes completely peptonized only when the already produced peptones are removed by way of dialysis. From this, it will be apparent that the accumulation of peptones in the stomach is a hindrance for the solution of the remaining albumen.

As soon as the power of resorption of the gastric mucous membrane is not intact, the peptonizing process is interrupted, and disturbances in digestion will follow. If the resorption of peptones become limited, the peptones, after being mixed with the undigested food, accumulate in the stomach, and in case of longer standing produce dilatation of the stomach. Such a process is favored in cases where mechanical obstruction —for instance, stricture *ex causa ulceris*—exists. At last resorption is entirely suspended, as is proved by application of the stomach sound. It must be regretted that there are no remedies to increase the power of resorption. The most rational treatment is, as I found, at first to wash out the stomach regularly by the stomach pump, or by a sound in the form of a syphon. Besides, the diet is to be regulated, especially must be limited taking of fluids (ice), and only small quantities of food at once allowed. This treatment may be supported by applying hot poultices to the epigastrium, to break a path for the activity in resorption (as in chronic peritonitis and pleurisies). In some case, acid may be of use.

As a farther cause of diseases of the stomach, we have to consider disturbances in the *function of its muscular coat.* Contractions of these muscles not only move the liquefied ingesta toward the pylorus, but promote probably a more intimate contact of them with the mucous membrane, and in this way advance digestion. Hindrance in the activity of the muscular coat will lead to dyspepsia. Kussmaul lately found in the more serious forms of this affection a fatty and colloid degeneration of the muscular cells. But already a simple debility of the muscles, as in chlorosis, or in old people, a serous infiltration, as in morbus Brightii, or in lung and heart diseases, even in gastric catarrh, is sufficient to impair that important assistance which the digestive process receives from the contraction of the muscular coat. In some of such cases, the electric current has done good, and there is no physiological reason why the current should not influence the muscular coat. Yet there must be made still more trials in this direction to establish a true guide for this kind of treatment.

Lastly, it must be admitted that certain forms of dyspepsia are called forth by *nervous influences* (hypochondria, hysteria, neuralgia, diseases of the organs of generation). But as we know so much as nothing about the courses of the nerves of secretion, it will be obvious that we have little insight into the nature of nervous dyspepsia.

I did not mention, up to this, those deeper alterations of the walls of the stomach which commonly are persistent. In pathological anatomy, these forms are well characterized (ulcer carcinoma), but the symptoms they cause are the same as those of dyspepsia, and the treatment of them is the most important and general problem.

It is not my intention to touch upon every curative method in gastric diseases. In any handbook can be found what narcotics may be given in cardialgia, what the antidotes are in toxic gastritis, that in case of gastrorrhagia, styptics and cold (ice) are indicated, etc. But I should like to speak a few words about diet, as the recommended treatment only meets with success if strict dietetic rules at the same time are kept.

The best diet for a diseased stomach, I think, is rest. Complete rest we can only give to that organ when we nourish the body not in the common way, per os, but per anum (meat, pancreas, clysters, which satiate at the same time the hunger). But in most cases this will not be necessary, and we do enough to prescribe an easily digestible nutriment—that is, food which is digested not in the stomach, as this is not desirable, but principally in the intestines. It must be admitted that the question about easily digestible food is still an open one. But supported by long experience, we may recommend from the different kinds of meat, veal, chicken, pigeon, and, in some cases, fish and beef. Besides, milk and eggs are easily digestible. From vegetables, we may allow asparagus, green peas, and carrots. Only stale wheat bread is advisable. Alcoholics are to be avoided, and should wine be necessary, it is best administered per anum. In cases where the patient can not bear these nutriments, I recommend the "meat-solution," as prepared by Mirus, in Jena, which is of excellent service.

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(3) The digestion and assimilation of casein is not assisted by the addition of sugar.

(4) It is the addition of oil that will make the artificial food a healthy substitute for mother's milk. We have not space to detail the experiments by which the above statements are maintained. Enough to state that we think they are proved, and we shall adopt the practical deductions. The first three we had already adopted on physiological grounds. With our author, we have long believed it bad practice to advise the use of starch, arrow-root, tapioca, sago, wheat flour crackers, in the feeding of infants.

But the last proposition contains a truth which we had not known. It is this: the addition of almond oil to cows' milk renders its coagulum decidedly more floculent, so that it will float on the clear whey. Before the addition of the oil, the coagulated casein sank to the bottom of the whey. Now it is known that woman's milk contains more oil than cows' milk. Hence, its coagula would be more porous, and so more easily penetrated by the gastric juice of the child. Further, fat is needed for chemical reasons, to aid in the digestion of casein. The practical lesson is that the needed physical condition of cows' milk to induce its ready digestion by infants is produced by adding to every *two ounces of milk one scruple of oil of sweet almonds.* The author claims that this admixture of oil with cows' milk makes the best substitute for breast-milk, and is the best artificial food for infants.

NOTES ON PTYALIN.

BY ALBERT P. BROWN, G.P.

At the pharmaceutical meeting held in January, I stated that at the suggestion of my friend, Dr. Marcy, I had experimented with the parotid gland of the pig, in order, if possible, to obtain ptyalin. Ptyalin is found in the saliva, and acts on starch, rapidly changing it into glucose. The parotid gland is the "salivatory gland," situated nearest the ear, which pours its secretion into the mouth during mastication. It is largest in the herbivora and those animals whose food is most difficult of mastication. Its duct, called the duct of Steno, opens into the mouth opposite the second molar tooth.

The parotids were obtained from the butcher immediately after killing, chopped fine, macerated in water acidulated with hydrochloric acid for twenty-four hours, and then separated by filtration. To the acidulated solution a saturated solution of sodium chloride was added, which caused a precipitate; this was allowed to stand until the precipitate rose to the surface; it was then skimmed off and placed on a muslin filter to drain, afterward washed with a weak solution of sodium chloride, and then pressed. When all the salt solution had been removed and the mass was nearly dry, it was rubbed with a quantity of milk sugar and then thoroughly dried without heat, after which it was diluted with sugar of milk until five grains dissolved in one fluidrachm of water would emulsify to fluidrachms of cod liver oil; in other words, it is prepared in the same manner that pepsin and pancreatin are. Ptyalin is most beneficially employed in combination with pepsin and pancreatin as a promoter of digestion. The hurried manner in which nearly all Americans masticate their food interferes with the very first condition to healthy digestion. I have seen some severe cases of dyspepsia relieved with a few doses of the above combination. An elixir can be prepared from ptyalin in the same manner as elixir of pepsin and elixir of pancreatin; and when equal proportions of the three elixirs are mixed together and given in dessert-spoonful doses immediately before eating, the happiest results are obtained.

Ptyalin is a substance of the nature of diastase, both having the power of converting starchy food into soluble glucose. Diastase acts like pancreatin and ptyalin when mixed with cod liver oil. If a strong infusion of malt is mixed with cod liver oil, an emulsion is formed equal to the one produced when pancreatin or ptyalin is used.

In order to test the virtue of ptyalin, its action on starch and albumen was tried, with the following results:

About a drachm of arrow-root was mixed with a small quantity of water, about a quarter of a grain of ptyalin, freshly precipitated and without any sugar of milk being added to it, was added to the starch and water, and kept at a temperature of 100° Fahr. for twenty-four hours. At the expiration of that time, the mixture was filtered and the filtrate tested for glucose by Trommer's test, which gave the characteristics of that test, reducing the cupric solution.

The action on albumen was next tried; ten grains of saccharated ptyalin was dissolved in one fluid-ounce of water, and ten drops of hydrochloric acid and one hundred and twenty grains of coagulated albumen were added; the mixture was kept at a temperature of 100° Fahr. for twelve hours, then filtered and the remaining albumen weighed. It was found that the ptyalin had dissolved about twenty grains, thus showing its inferiority to pepsin.

When I first made ptyalin, I considered it only a curiosity, and kept it to show as such, but physicians became interested in it and began to prescribe it. There must certainly be some virtue in it. I first made one ounce, and the demand was so great that I had to make a larger quantity, which was soon exhausted, and another still larger lot was made, and the demand is still increasing.

I do not suggest ptyalin as a substitute for pancreatin, but to be used in combination with pancreatin and pepsin, as a promoter of digestion; and the three combined I think are better than either of them used singly.

Camden, N. J., March 16th, 1874.

THE MEDICAL TREATMENT OF CHILDREN.

According to Dr. Eustace Smith, of London, the alkalies are remedies of singular value in the medical treatment of young children. In all children, especially in infants, there is constant tendency to an acid fermentation of their food. This arises partly from the nature of their diet, into which milk and farinaceous matters enter so largely; partly from the peculiar activity of their mucous glands, which pour out an alkaline secretion in such large quantities. An excess of farinaceous food, therefore, soon begins to ferment, and an acid is generated, which stimulates the mucous membrane to further secretion. In all chronic diseases, and in many of the acute disorders, this sour condition of the stomach and bowels is present. Alkalies are therefore useful—firstly, in neutralizing the acid products of this fermentation; and, secondly, in checking the too abundant secretion from the mucous glands. A few grains of soda or potash, given an hour or two after taking food, will quickly remedy this derangement and remove the distressing symptoms which arise from it. In the chronic diseases, indeed, attention to this point is of especial importance; for by placing

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"I have used your soap for Diseases of the Skin and Catarrh, and have found it superior to any remedial agent I have ever used. C. S. GOODRICH, M.D., N. Y."

"I have used your soap in my practice, extensively, and it has proved the best Healing soap I ever used. It has no equal for washing the heads and skin of children. "L. P. ALDRICH, M.D., 19 Harrison St., N. Y."

"I have used it in three cases of so-called Soldiers' Itch; the scalp was so much diseased as to resemble an early stage of the 'Scald Head.' There were patches an inch or more in diameter, where the hair was already matted. The parts were washed with the soap twice a day, and the scalp was smooth and well in a few days. T. S. P. LORD, M.D., 101 Washington St., Chicago, Ill."

J. H. T. KING, Member of the Royal College of Surgeons, England, writes: "It gives me pleasure in certifying to the good qualities of your soap. I prefer it to any other I have ever known."

"It accomplishes all it claims. R. HAMILTON, M.D., Saratoga, N. Y."

"It has cured several of my friends who have suffered many years with Piles, one case of ulceration of the neck of the womb, and many obstinate cutaneous diseases. "P. F. PESCUD, M.D., Chemist, Raleigh, N. C."

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the stomach and bowels in a healthy state, and insuring a proper digestion of food, we put the child in a fair way of recovery, and prepare the way for the administration of tonic and strengthening medicines, by which his restoration to health is to be brought about.

In prescribing for infants, an aromatic should always be included in the mixture. The aromatics are useful, not only for their flavoring properties, but also for their value in all those cases of abdominal derangement where flatulence, pain, and spasm, resulting from vitiated secretions and undigested food, are present to increase the discomfort of the patient. Such dyspeptic phenomena are usually relieved rapidly by the use of these agents; and aniseed, cinnamon, caraway-seed, or even tincture of capsicum in minute doses, will be found important additions to the prescription in all cases where alkalies are required.

In prescribing for children, the proper dose of a medicine can not always be calculated according to the age of the child, and does not in all cases bear the same proportion to the quantity suitable for an adult. For certain drugs, children show a remarkable tolerance, while to the action of others they show as remarkable a susceptibility. Thus, opium, it is well known, acts upon a child more powerfully than would be expected, judging from the mere difference of age. It should therefore be given to infants with a certain caution, especially if the child be enfeebled by disease. It is, however, a medicine which is of especial value in the treatment of the diseases of infancy, and may be given without fear if care be taken not to repeat the dose too frequently. Belladonna, on the contrary, can be taken by children in large quantities. A child of two or three years will bear without inconvenience a dose which in an adult might produce very uncomfortable symptoms. It is important to remember this in giving belladonna for its sedative effects, as in whooping-cough. Lobelia, again, is a remedy which is very well borne by children. Dr. Ringer has given it to "very young children," in doses of five minims every hour, and in no case has he noticed any ill effects to follow its administration. Arsenic should be given to children over five years of age in the same dose as that used for adults, and infants a month or two old will take one drop of Fowler's solution three times a day with great benefit in cases of gastric catarrh. The influence of mercury upon young children deserves remark. It seldom in them produces stomatitis or salivation; but an excess of the drug is not therefore harmless: its influence is seen in the irritation of the alimentary canal, which it so often excites, and in the profound anæmia which it induces.

PREPARATION OF PEPSIN.

Dr. R. T. Edes, in the *Boston Medical Journal* for February, 1874, describes the results of a series of experiments on pepsin and its preparations, and comes to the conclusion that much of the dissatisfaction with pepsin, expressed by physicians, is due to the use of preparations which contain little or none of it; that wine of pepsin is feeble, but not necessarily inert; that elixirs of pepsin and bismuth are humbugs, owing to the former being destroyed by alkali used in the manufacture; that pepsin is a ferment and not a chemical agent; that it should be administered with an acid and not combined with other drugs; that alcohol in large quantity retards its action, and that the amount of albumen which it dissolves in a test-tube is no measure of its action as a medicine.

EDITORIAL.

In again presenting the Monitor to the medical public, we desire to say that we are very much gratified that this journal has been met with such hearty approval by the profession, and we are also under deep obligations for the numerous exchanges that have been sent to us, from whose pages we have taken the liberty of quoting largely in this work.

In this number will be found a full list of all the medical journals published in this country, so far as we have been enabled to obtain information on the subject, and we shall continue to publish the list and add every fresh acquisition to the spread of medical knowledge, together with every thing new and praiseworthy that may come under our notice from time to time, and it shall be our endeavor to make each succeeding number of the Monitor far superior to its predecessor.

We would especially invite members of the profession to honor us with communications in the different branches of medical science that may come under their notice, that we may give to the world the fruit of the labors of our noble profession, and with their help we will undertake to present to it a journal second to none on this continent; it has already the largest circulation of any medical journal in the world.

Exchanges, books for notice, communications, etc., must be sent to the Editor, care of the publisher, W. A. Townsend, 177 Broadway, New-York.

MEDICAL LITERATURE AGENCY.

On the second page of the Monitor will be found the publisher's announcement to buyers of medical books and periodicals at commutation rates. It will be seen his superior facilities enable him to offer in his scale of prices *special inducements*, allowing a reduction, ranging from ten to twenty per cent, from the regular terms of the respective publishers.

BRAITHWAITE'S RETROSPECT.

This celebrated epitome of medical science, now republished over one-third of a century, still keeps up its unprecedented and constantly-increasing circulation, being *five times* that of any similar publication. *Rankin's Abstract* was started a few years after the Retrospect was commenced, to compete with it in England. Three unsuccessful efforts have been made to re-

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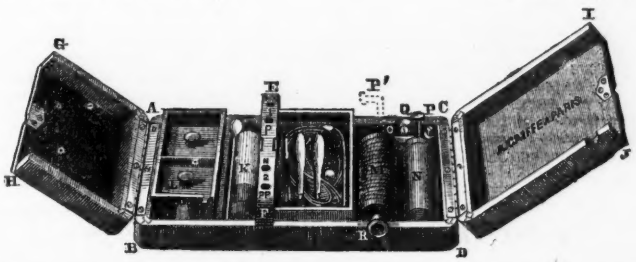

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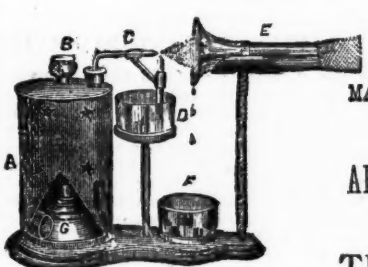

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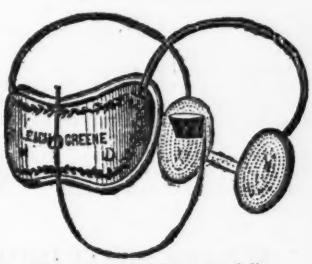

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publish the *Abstract* in this country, but as usual with such as copy others' methods, the imitator of Dr. Braithwaite's original plan utterly failed, and finally its editor announced its sad obituary with last January's issue. Dr. Rankin, while giving notice of its discontinuance, remarks with evident poignant disappointment, "there appears to be little need of half-yearly retrospects in this country;" but we are enabled to state, by the following extract from a recent communication from Dr. Braithwaite to his American publisher, that his *Retrospect* still continues its original popularity in England:

"I am glad to say my work keeps up its popularity in Great Britain, notwithstanding formidable competition. Having been above forty-three years working at bedside practice, it may be that I know what is really wanted and what is not wanted to be known, and am able to select such matter as is most wanted by busy practitioners; this may be the secret of my success."

And in a later communication, the originator of the *Half-Yearly Retrospect*, when noticing the above misstatement, calmly observes: "The other abstract, edited by Dr. Rankin, never did interfere with my work."

For full particulars of this popular compendium *of practical medicine and surgery*, we would refer those interested to the third cover-page of this journal.

DIGERENTIA.

We are glad to be able to state that this, of all agents the most valuable for the cure of dyspepsia, is soon to be manufactured on a large scale.

The character of the formula inspired the profession with the utmost confidence in the virtue of the remedy, and so far as known, it has not disappointed the anticipated results in its use. The consequence has been that the demand was far greater than the means of supplying the article, and very many have been disappointed in obtaining it as readily as was desired; this difficulty, however, no longer exists; we are authorized to say that all orders for Digerentia addressed to Townsend & Co., 177 Broadway, in a short time will meet with prompt attention.

THE PHYSICIAN'S ADJUSTING CHAIR.

We would especially recommend this important invention to the consideration of the medical profession. This admirable iron chair can be adjusted into thirty distinct positions, and when its utility is realized, it will be found a necessary piece of furniture in the office of every practitioner and surgeon, as well as a great boon to the invalid. Leading industrial institutions have awarded diplomas, and distinguished physicians have given approving commendations of its superior value. For further information and illustrations, see outside cover-page of this journal.

CUTLER'S POCKET INHALER.

This inhaler has become quite popular with those who have used it. It introduces a new principle, admitting a definite supply of air, and the use of the most concentrated volatile fluids. It can be carried about the person as handily as a pencil-case. An engraved illustration will be found on page 9, of this journal.

THE PHYSICIAN'S HAND-BOOK.

Among the standard works of its kind, none have obtained a more favorable and substantial position in the profession.

It has reached its eighteenth year of publication, and therefore has become a fixed institution. That it is appreciated, the annual increase of subscriptions abundantly testifies. It is too well known to require encomiums or extended comments from our pen. For further information, see 2d page of cover.

SOAP FOR MEDICINAL USES.

Attention is directed to the interesting article by Prof. W. A. Wetherbee, from the *Journal of Applied Chemistry*, on the use of soap for medicinal purposes, inserted in the advertisement of D. F. Packer & Co., on page 7 of this journal. Dr. Wetherbee remarks: "Purified pine-tar soap is growing into favor with physicians in all the various skin diseases to which tar was formerly applied, hence this medicated soap has become popular."

NEW METHOD OF CURING RUPTURE.

The Elastic Truss, manufactured by the Elastic Truss Company, No. 683 Broadway, New-York City, is superseding the various metal trusses heretofore used. The pressure of this admirable Truss is very slight and equally distributed around the whole body, so as to be quite imperceptible; holds rupture at all times; never can be displaced by the hardest exercise or strain. It has been patronized by the Surgeon-General when needed for ruptured soldiers in the army. Numerous bogus elastic trusses, so-called, are sold in various parts of the country. Physicians, when ordering, should be careful to designate the only reliable Elastic Truss made exclusively by the above company. For full particulars, see advertisement on page 13 of this issue of the Monitor.

NEW REMEDIES

EUCALYPTUS AS AN ANTI-MIASMATIC.

If the statements made in the journals and newspapers of America and Europe, in regard to the influence of the eucalyptus in preventing malarious disease, are to be relied on, there is no longer any occasion for the human family to be afflicted with diseases of that character. An excellent opportunity of putting the question to the test is afforded in California, where there are many districts esteemed malarious, which are remarkably well adapted to the growth of the tree. Indeed, there is scarcely a locality on this coast where the tree would not grow. It is easily cultivated and its growth is remarkably rapid. The trees which have been planted about the dwellings, amid the ancient oaks of Oakland and Alameda, and which are only six or seven years old, already tower up above the surrounding forest, and at a distance look like so many lofty steeples. Apart from sanitary considerations,

Reports of the Experience and Opinions of Medical Men on the value of the Pancreatic.

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"IT RESEMBLES MOTHER'S MILK AS CLOSELY AS POSSIBLE" AND IS THE BEST KIND OF LIEBIG'S FOOD.—Dr. BARKER, *on Right Foods for Infants.*

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there are many inducements to plant the eucalyptus over the valleys and plains of the Pacific slope. Not to mention the relief they would afford to the eye of the beholder, they would give shelter to cattle, protect the earth from the parching sun, supply a source of lumber and fuel, and possibly modify the climate, and invite rain to some valleys now almost uninhabitable for want of it.

PHYTOLACCA DECANDRA IN MASTITIS.

Dr. T. Curtis Smith, of Ohio (*Detroit Review of Medicine*) extols this agent in the treatment of mastitis. One of his cases is thus stated:

"After several days of fruitless efforts to abate the threatening suppurative process, I placed her on fifteen-drop doses of a saturated tincture of the root of phytolacca decandra, every four hours, and applied the same freely over the glands, all other treatment for this purpose being withdrawn. Contrary to my expectations, the inflammation began to abate in twenty-four hours, and in three days the glands were soft throughout, and the lacteal secretion completely dried up."

The Physiological Action of the Compounds of Bromine, by Dr. E. Steinauer, Berlin (Vol. 59, 1 Dec. 1873). As there had been in the last decade a controversy about the action of the compounds of bromine, Dr. S. entered into the matter thoroughly and experimented with different salts of bromine. The results of his investigations are the following:

I. Bromine manifests a decided action upon the animal organism only in those compounds which are easily decomposed, with the separation either of free bromine or hydrogen bromide.

Such compounds (per instance, Monobrom acetic acid) cause:

1. In cold-blooded animals.

(a) A paralysis of the heart muscles and the excito-motor centre of heart nerves.

(b) A depression of the irritability of the spinal ganglia and the peripheral nerves and muscles.

2. In warm-blooded animals the symptoms are in general the same as in cold-blooded animals. Death is caused by paralysis of the heart, especially of the heart-muscle.

II. Those compounds of bromine (potassium bromide and monobromated benzol) which are not apt to lose the component bromine manifest a peculiar action. The substituted bromine atom *alters* the action in the organism, which the analogous compounds—destitute of bromine—would undergo. Besides it *modifies* the action of the other component.

Aconite in Headache.—Dr. Fothergill (*British Medical Journal*, January 10, 1874) recommends the use of aconite in congestive headaches, attended with great cotemporary coldness of the hands and feet. The remedy dilates the peripheral blood-vessels, and so relieves the congested cerebral vessels.

Two new medical journals have made their appearance since our last issue: *The Missouri Clinical Record*, published at St. Louis, W. A. Hardway, M.D., Editor; and the *Virginia Medical Monthly*, published and edited by Landon B. Edwards, M.D., of Richmond, Va. Both journals present an unusually good appearance for new enterprises of this character.

MISCELLANEOUS

FISSURES IN ANO TREATED WITH IODOFORM.

Dr. Francesco Parona (*Giornale Italiano delle Mal. Ven. e della Pelle*, October) gives his experience of iodoform in fissures of the anus, and strongly recommends it. He believes it acts in great measure as a local anæsthetic, "which allays the spasm of the sphincter during defæcation, while it favors cicatrisation by neutralizing the irritating effects of fœcal matters which may remain on the ulcerated surface." It has also a direct healing action. Dr. Parona uses the iodoform as an ointment (one part to three of lard), and applies it on a small cylinder of charpie, of a size requiring but little force for its introduction. The charpie has the advantage that its filaments adapt themselves readily to the slight irregularities of the anal mucous membrane. The dressing is changed twice a day, and replaced after each motion, and in the majority of cases the pain and spasm caused by the fissure cease in a few days, and the patient is well in a relatively short time. Of four cases, of which details are given, the longest time was twenty days, while one of the patients had been ill four months previous to the treatment.—*Medical Times and Gazette.*

HOW TO CHECK COUGHS.

Dr. Brown-Sequard, in his late Boston lectures, says that there are many facts which show that morbid phenomena of respiration can always be stopped by the influence of arrest. Coughing, for instance, can be stopped by pressing on the nerves of the lip in the neighborhood of the nose. A pressure there may prevent a cough when it is beginning. Sneezing may be stopped by the same mechanism. Pressing in the neighborhood of the ear, right in front of the ear, may stop coughing. It is also preventive of hiccough, but much less so than of sneezing or coughing. Pressing very hard on the top of the mouth inside is also a means of stopping coughing. And he adds that the will has immense power there. There was a French nurse who used to say, "The first patient who coughs here will be deprived of his food to-day." It was exceedingly rare that a patient coughed then.—*Canada Medical Record.*

SUCCESSFUL CASE OF IMMEDIATE TRANSFUSION.

Dr. Aveling, of London, records a case in which sharp hemorrhage occurred after delivery, in a small, fair lady, aged twenty-one. Mr. Webb, of Maida Vale, who was in attendance, sent for ce, gave ergot and brandy freely, and, grasping the uterus, excited it to action. The hemorrhage continuing, he found it necessary to detach the remaining half of the placenta, which was unusually adherent to what felt like the partially inverted fundus of the uterus. This he endeavored to replace, but without success, as he was obliged to cease his efforts at the time lest he should entirely extinguish life. Blood continued to flow freely, and the patient became rapidly exhausted and faint, and no pulse could be felt at the wrist. Dr. Aveling was sent for, and found

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her insensible, with dilated pupils, cold hands and feet, and without pulse in the radial and temporal arteries. The heart's action was weak, and growing perceptibly more feeble. It was evident there was no time to be lost. A fold of skin at the bend of the arm of the patient was raised, transfixed, and divided, when a large, flattened blue vein became visible. This was opened, and the afferent tube, with some difficulty, on account of the insufficient light of two candles, was adjusted. The arm of a coachman in the employ of the family was next prepared as in ordinary bleeding, and an incision made directly into the vein sufficiently large to admit the afferent tube. The man was then seated in a chair beside the bed, and the india-rubber portion of the apparatus filled with water having been attached to the tube, the process of transfusion commenced. After a few drachms had been transmitted, Dr. Meadows, who took charge of the afferent tube, thought he felt the skin rising near the incision, and suggested that the tube was not in the vein, but in the cellular tissue beside it. This proved to be true, and the tube had to be taken out and inserted into the vein. Its collapsed condition, and the want of light, made this no easy task, but it was at length effected, and the transfusion then went on steadily and easily until more than sixty drachms of blood had been injected. As the operation proceeded the pulse at the wrist became perceptible, the lips less blanched, and warmth returned to the hands. The patient also became conscious for a short time, and said she was "dying." The mental improvement was comparatively slow, perhaps owing to the quantity of brandy she had taken. In a few hours, however, she became quite conscious, spoke, took nourishment, and began her fresh lease of life. The wound in her arm healed by first intention, but it opened again a few days after, to allow some pus to escape, the result of the accident above alluded to. When the patient was sufficiently recovered, she was placed under the influence of chloroform, and the uterus, which had become completely inverted, was returned to its natural position. After this operation, rapid recovery ensued, and the patient is now quite well. The apparatus employed consists of a small afferent tube, fitted into the vein of the patient. There is besides an intermediate piece consisting of an oval elastic bag with a piece of elastic tubing attached to each end, the ends of the tubes being fitted with stop-cocks. In the operation, the bag is filled with water, and the afferent cock being open, the water is squeezed into the patient's vein. The afferent cock is closed, and the afferent cock opened, when the expansion of the bag draws the blood from the blood-donor, which is again propelled into the vein of the patient by the compression of the bag, and so on, the known capacity of the bag permitting the absolute quantity injected to be accurately estimated.

THE BRAIN POWER OF MAN.

HAS HE TWO BRAINS? OR HAS HE ONLY ONE?

A LECTURE BY DR. BROWN-SEQUARD.

DR. SEQUARD commenced by saying that his view, he hoped, being somewhat novel, would command attention. The facts he would dwell upon were new, probably would not be generally accepted, and perhaps would not be easily understood by those not familiar with medicine.

Have we two brains? and, if so, why not educate both? The views of science upon this subject were different from his. The left side of the body was the side affording volition to the brain, and, *vice versa*, the right side of the brain afforded volition to the body. Eminent authorities had declared that either side of the brain was competent for this purpose.

But we use only one side, and, therefore, leave out of account one half of brain matter. We owe due education to both sides of the brain, or rather to the two brains.

As to intelligence, the eminent authorities he had cited established the fact that either side of the brain was competent for full development of the brain faculties. There were many persons of two minds, because they were never able to make up their minds. Some men claimed to be rational while they were insane. There were many cases that showed clearly that there were two brains. He had known a boy in London that manifestly had two brains, whose peculiarities he described. He would fall into a comatose state, and suddenly open his eyes brightly, inquiring of his mother why he was not introduced to the gentleman who was present while he was asleep. Again, the lecturer saw him when the boy recognized him. He had two mental lives. He knew nothing of what occurred in his sleeping condition, when fully awake; and when in the latter condition, he knew what had occurred when in the former. The lecturer had seen three cases of this kind.

As regards faculty of speech, the fact that we had two brains was not so easily proved. The loss of the faculty of expression depends upon disease of the left side of the brain; and this proves that the right side is distinct.

As regards sight, a theory has been put forth by a celebrated physician of London that the right side of the base of the brain is the centre of sight. The inner half of the right eye and the outer half of the left eye have the base of the brain as the centre. A disease in the left side of the brain, where the optic nerve touches, would therefore affect only one half of the brain. Notable cases were given in which parties had seen but one half of certain objects that they gazed upon. If the disease exists only in the left side of the base of the brain, only one half of the eye will be affected. So there are many cases that go to sustain the philosophers. But we do not accept conclusions unless theory is thoroughly supported.

There were three series of facts, but one would be enough to show that the theory should be rejected. Disease of the brain, where the optic nerve touches, would not be sufficient to cause loss of sight. One side of the brain would be sufficient to sustain sight. An alteration in any portion of the nervous system, acting upon other parts, can produce disease in that part. Injury to the spinal cord would produce loss of sight on either side. There was nothing more common than the loss of sight temporarily in children who suffered from worms in the stomach. An injury in one half of the brain can exist without producing loss of sight. Either half of the brain may, therefore, serve to sustain sight.

As to the voluntary movements, these depended upon the action of the body. Yet there were many small muscles which were not affected in cases of paralysis. There were cases on record in which it was shown that the lower lobe of the brain could be destroyed without affecting these voluntary movements. There were several such cases. We must, therefore, look on one half of the brain as being sufficient to sustain voluntary movements on both sides of the body. An irritation in any part of the brain may affect any part of the body, and an irritation in any part of the body can produce paralysis in another part.

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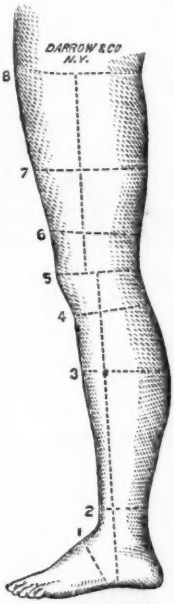

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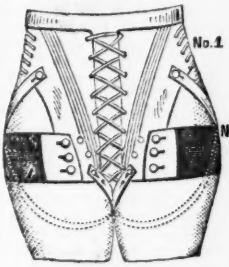

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The irritation could also act upon remote parts. This shows that the power of will does not control the entire action of the body. When paralysis occurs, it depends upon irritation.

The same reasoning applies to sensation. There were thousands of cases affecting the brain that did not affect the feeling. Passing these facts in review, we find vast differences owing to the fact that one half of the brain was developed for certain things and the other half for other things. To the left side of the brain belonged the faculty of expressing ourselves by speech. Articulation depended in great measure upon the left side of the brain. Difficulties in the mechanical point of speech were more frequently found when the left side of the brain was diseased. It was the mental part that was lost, and not the mere mechanical action. The left side of the brain was also the motive power of gesture. When the left side was diseased, patients lost the power of gesticulation.

As regards writing, it was lost more frequently in diseases of the left side of the brain. The right arm was paralyzed by diseases of this side. Many thus diseased could not write from memory, although they could use their fingers and copy. In those cases, it sometimes occurs that persons could not write at all.

Intelligence depends more upon the healthfulness of the left side than of the right side of the brain. The right side of the brain in some cases has the power of the left, if properly developed. This serves to hysterical developments and to nutrition of the body. One, the left, applies to mental, the other to the natural life.

The right side of the brain operates upon the limbs in cases of paralysis and other diseases; also upon disturbances in the lungs, liver, and other parts. Hysterical and emotional symptoms are more common in cases of disease of the right side of the brain. Out of 120 cases of paralysis that came under the lecturer's observation, there were 96 caused by disease of the right side. An alteration of the retina of the eye will come more frequently from diseases of this side of the brain. Out of 69 cases of convulsions of the eyes, 47 were due to diseases of the right side. Death occurs much more frequently by diseases of the right side of the brain, and in case where patients do not die, it will produce more extensive and enduring paralysis.

All this shows not that the two sides of the brain differed originally, but that there were different developments of each. The left side of the brain was much larger than the right side. If a person went frequently to the same hatter, he would find that his hat had to be from time to time enlarged. There was no question that the brain grew. By studying a particular subject, the person became proficient, and the brain was more fully developed.

There was no doubt that the left side of the brain predominated in our system. Our being right-handed showed it. There was no population in the world that was not right-handed. The right hand of the body was mostly used. Left-handed individuals used the right side of the brain, showing the connection between these things.

There was primitively a difference between the two brains. In children, convulsions were sooner developed in the left than in the right side of the brain. This was attributable to excess of blood in the left side. Parrots roosted on the right legs, and their talking power came from the left side of the head.

There were four vital points to be considered. The first was that asphyxia was connected with the left side of the brain in persons that were right-handed, and with the right side in those that were left-handed. The second point was that children who were first learning to talk, if disease came in the left side of the brain, learned to talk just as well with the right side of the brain. Though losing half of the brain, they got along just as well.

This proved that the right side could be educated, with the left hand for execution. The third point was, that four out of every hundred left-handed persons learned to write with the left hand; therefore the left side of the brain, even with persons left-handed, could be educated better than the right side. The fourth point was that the leg was rarely so much affected by paralysis as the arm. He, however, would pass over this argument, as it could only be understood by medical men.

If the lecturer had established that we had two brains, then they should be developed. If we could develop the legs and the arms of both sides, we could develop both sides of the brain. If we gave as much attention to the left side of the body as we do to the right side, we would fully develop our two brains. The important point, therefore, would be to make children use both sides of the body—alternately using the right and left arm and the right and left leg equally. There would be no difficulty in thus training children to full development.

Even adults who had lost speech by disease of the left side of the brain, could regain the power by cultivating the right side. In gesture, persons who had lost the use of the right arm could be trained to use the left. If children were thus trained, we would have a sturdier and healthier race, both mentally and physically.—*National Republican.*

DEATH IN THE MILK-PAIL.

Not long since, Professor Low, of Cornell University, observed a peculiarity in the cream from the milk furnished by the milkman. It appeared to be ropy, and on subjecting it to an examination under a powerful microscope, it was found to contain a large number of living organisms in different stages of growth. Pushing his investigations further, the professor called upon the milkman to inquire concerning the management and keep of his cows, and the manner in which the milk was cared for. He found, on looking over the premises, that the cows, for want of good, clean water—the season being unusually dry—were forced to slake their thirst at a stagnant pool located in a muddy swale. Taking specimens of this water, and examining it under the microscope, the same class of organism was found as those in the milk. It was now pretty evident where the cause of the trouble lay; but to make the matter more clear, specimens of blood were taken from the cows and examined under the microscope, when these also were found to contain the same class of organisms. The animals, on applying thermometer tests for determining health or disease, were found to be hot and feverish; thus showing that those living organisms, introduced through the medium of the filthy water, and taken into the circulation by the power of reproduction and multiplication in the blood, became the source of disease. Investigating still further, a particle of the filthy water was introduced into milk free from such organisms, and known from tests to be in good order; and in a short time the same filthy organisms multiplied and took possession in vast numbers, producing the same character of milk as that first noticed. Other experiments and investigations

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were made, but all similar in results to those we have described.

These facts are of very great importance to dairymen; and although it was known that the milk from cows drinking the putrid or foul water of sloughs and mud-holes had caused much trouble at cheese-factories, still dairymen hardly appreciated the full extent of the trouble, or were aware of the precise nature of the injury caused by such water. If the lives of these foul organisms are not destroyed when taken up by the cows in their drink, but pass into the circulation, tainting the blood, entering the secretion, and establishing their filthy abode in the milk—there to increase and multiply in vast numbers, causing the milk to be a mass of filth, then it is reasonable enough to suppose that persons partaking of this milk, even when freshly drawn, are liable to have their blood inoculated, and thereby contract disease. Who can say that malignant fevers and fatal epidemics do not often originate from these sources? The facts brought out in these investigations would seem to warrant the supposition. At any rate, they are of a character sufficiently startling, and should have the attention of those who have the care of milk stock, and who are in the habit of using milk freely. They prove that, at least, good, clean water is a prerequisite for the cow to yield good, healthy milk, and that there is more danger in allowing stock to slake their thirst in foul, stagnant pools than has commonly been supposed.—*Rural New-Yorker.*

DO THE WHITE RACES DETERIORATE ON AMERICAN SOIL?

A Paper read before the Logan Co. Medical Society, by T. L. WRIGHT, M.D.

WE have a thousand or more suicides every year, and as many others drop dead from heart disease. Rum and tobacco are held responsible for much of this destruction of life. Whence comes the cause of this wide-spread disease of insanity, filling the asylums to overflowing, filling also the county infirmaries, and still not the half of the unfortunates cared for? Perhaps it may be owing, in part, to the exciting nature of our political institutions, constant political agitation being inevitable. Perhaps, too, it may be promoted by the release of man from the controlling authority of a priestly interpretation of religious dogmas and the consequent religious excitement connected with varied and diverse sentiments on the subject of religion. Possibly it is in part due to the habit of encouraging the young to "aim high," aim above their capacity, invariably bringing disappointment to deeply cherished hopes. Why, moreover, do the young men and women of the rising generation flee from labor or waste their time in half-idle clerkships, or in roaming the country as "commercial travelers," without a single aspiration for independent usefulness? Who can picture the distress of parents, disappointed and heart-broken through the inefficiency of the children they once fondly hoped to see eminent, honorable, and useful, when they at last behold those children feebly shrinking from the least of life's responsibilities, yet surely, and with alacrity, seeking the companionship of sots and vagabonds? Have these things any connection with our system of confining our children, from infancy until maturity, in close and unhealthy school-rooms, and in bodily positions such as render a free circulation of the blood impossible? Do the straining of the mental faculties and the wearing of the nervous system then and there have any thing to do toward an irretrievable enervation of the physical structure? Possibly these causes are, all of them, conducive to the efforts that have been enumerated. But there is a basis upon which this whole superstructure of evil reposes that has not yet been alluded to. The statistics of our town (containing between three and four thousand inhabitants) show about forty American families that do not produce any children. A larger number of families, of many years' standing, have never produced over two children, many of them only one child. When the difficulty of child-bearing is so great, we would expect to find the actual production signally defective in vital energy, and this is the fact. The largest families, as a rule, are the families of foreigners; the most robust children, also, are most commonly the offspring of our foreign population. When an American family is large, its members are more liable to be subject to diseases and disqualifying infirmities than are the children of foreigners. In short, the farther the race is removed from the original foreign stock, as a rule, it is more and more enfeebled. If this is true, it is clear, that in the gradual degeneracy toward extinction of European races upon American soil can be found the key to the lamentable disasters, mental, moral, and physical, that seem to beset the average American youth of both sexes at this time.

If this is true, then it must happen, when our land is peopled and the foreign influx is ended, that as a nation we must retrograde; must take our place in history with those nations which have been but are not; with the nations that, although existing possibly in name, are nevertheless of no more real political or historical importance.

These ideas, respecting the laws of race, are necessarily crude, commensurate only with the limited field of observation afforded by a rural neighborhood. In Cincinnati, Chicago, and St. Louis, investigation would be more satisfactory, and perhaps, even at this early day, develop some very striking facts.

THE MASSACHUSETTS GENERAL HOSPITAL.

THE *New-York Medical Journal* for February contains the following interesting account of this Boston institution:

"Some of our readers may not have visited the Massachusetts General Hospital, the field of so many surgical triumphs, the birthplace of ether, and the seat of all that is newest and oldest in medicine; the hospital is held as almost sacred by Bostonians. What hospital in the world has such an operating theatre? The room seats four hundred students, who sit at their ease on chestnut seats, and who, when not watching an operation, can gaze on a large painting of some unknown landscape in front of them, or turn around and admire the plaster legs of an Apollo Belvedere behind them!

"Descending into the arena, with its well-polished floor, one is first struck by the large collection of instruments; these are stored up carefully in four very handsome cases, under lock and key. All the most modern instruments may be seen, in some cases arranged in fantastic shapes. The 'house-pupils,' as the house surgeons are boyishly called, have the keys of these cases, and wash the instruments (for ever, it seems to the spectator) after operations; a speck on a knife or a misplaced probe is certain to be commented upon, so carefully are the house-pupils taught habits of surgical neatness. In one of the cases, in distinguished retirement, lies the sponge with which ether was first administered in this hospi-

al, a monument to the glory of the hospital. In the middle of the arena stands the 'Bigelow operating-chair,' alone in its grandeur; though in constant use for twenty years, its numerous joints are not yet stiff, and I will venture to say there is no physician within one hundred miles of Boston who is not familiar with its peculiar creak.

"A long passage leads from the main building to the amphitheatre. The patients are brought down from the wards, by an elevator, to the passage, and then carried down to the etherizing-room, which is at the stage right of the amphitheatre; here they are etherized, and then carried through a room with very strong light, called the 'glass-room,' which connects with the theatre, and may be cut off by means of folding-doors, into the arena; from the arena, the patients are carried out of a door at the opposite side into the 'recovering-rooms,' where they remain until the state of anæsthesia passes off. There is no noise of screaming patients, bustle, or confusion; nothing but the house-pupils and ward-tenders skipping about in their slippers; and you have very much the same feeling, while waiting for the first operation, that you have at the theatre before the curtain goes up.

"It would be hard to overestimate the nicety of the linen, the whiteness of the compresses and bandages, and the general care and promptness observable throughout the operations.

"The hospital accommodations have for a long time been found inadequate to the demands of the hospital, and recently two new buildings have been added. These buildings are wood, sheathed in galvanized iron, and connect with the passage-way above spoken of. One of them is open up to the roof, the rafters showing, making in this way a large extra space for air; this building is to be used as an accident-ward. The other is to be cut up into separate rooms. It is unnecessary to say that they will be fitted up with all the modern improvements.

"A training-school for nurses was established in connection with the hospital, about November 1st. There have been on duty, so far, eight of these nurses, under the charge of Mrs. Billings, an old and experienced nurse. They have had the care of the worst cases, and have shown themselves able and interested. . . . .

"A few months ago, an ambulance was started in connection with the hospital — the only one in Boston — and it has been found exceedingly useful."

THE DANGERS OF IMPURE WEL WATER.

This is a subject to which we have several times called attention, but it is one which should be kept before the people until they not only learn the lesson inculcated, but put it in practice. The bad old fashion of digging two holes side by side near the dwelling, the one for a well, the other for a cesspool, is still far too prevalent in our rural districts. There are hundreds of places within a half hour's drive of Boston where one may see the barnyard on the slope of a hill, and the well at the foot of the hill, where its waters are certain to catch all the foul filtrations from the manure-heaps above. The following extract from a late number of the London *Lancet* is as pertinent on this side of the ocean as on the other:

"The dangers of bad milk are engrossing so much attention just now, that there is reason to fear lest the far greater dangers of bad water should for the time be overlooked. We trust this serious error will not be committed. For one sample of dangerous milk, a thousand of dangerous water could be obtained in almost any part of the country. Let it never be forgotten that very few rivers or wells are safe sources of water-supply, and that many are as unsafe as loaded fire-arms. The shallow wells of villages are among the pests of the country, and it is high time that a zealous and well-organized crusade should be brought to bear upon them. It is sickening in most country-places to observe the uniformity with which the cesspool and well are made to stand side by side, as though each was necessary for the other; and to think of the twenty feet or so of foul, sewerage-reeking soil through which the water percolates to its fetid bed! The question should engage the attention of every health officer, and will, in too many cases, tax his energies severely, for it is one of the hardest sanitary problems. It is always possible to provide a city or town with good water, but in a village, where houses are few, money scarce, and intelligence scarcer, it is a matter of exceeding difficulty."

TOBACCO AS A SEDATIVE.

"A Skowhegan correspondent of the Lewiston *Journal* says that a young man there, who had never before smoked, was cured of cerebro-spinal meningitis by smoking a pipe 'for dear life.'"

The item above, on circuit through the newspapers, arrests our attention at the same time that a report reaches us of the successful treatment of two cases of cerebro-spinal meningitis by alternate five-drop, hourly doses of tincture of gelseminum and tincture of calabar-bean, continued until relaxation of the spasmodic muscular constriction ensued.

In these instances, the three special sedatives, tobacco, gelseminum, and calabar-bean figure in the same *rôle*. The peculiar depressing action of calabar-bean on the spinal cord will doubtless occur to the reader in this connection. The use of sedatives in the spasmodic stage of cerebro-spinal meningitis does not necessarily conflict with the use of quinia and other stimulants in preceding or following stages.

Tobacco, gelseminum and calabar-bean have been also prescribed for the spasms of tetanus and of strychnia poisoning. From the cases on record, tobacco appears to be a ready and efficient antidote to strychnia. *Per contra*, strychnia and quinia may be experimentally held as antidotes to the poisonous effects of tobacco, gelseminum, and calabar-bean.

The increasing use in medicine of cerebral and nervous stimulants and sedatives demands an exhaustive research on the mutual reaction and counteraction of all these agents.

OZONE—A NEW AND CORRECT METHOD OF SUPPLY.

The use of ozone as a disinfectant in hospital wards and public buildings has amply demonstrated its virtue as a purifier of air exhausted by breathing or poisoned with emanations from corrupt or decaying organic matter. The only bar to its more extended use has been the lack of a simple and trustworthy means of generating it safely and continuously, by a process not involving scientific skill or costly materials.

The latest means suggested certainly bears the palm for simplicity, cheapness, and accessibility to all. It consists simply in the exposure to atmospheric action of common phosphorus matches

moistened by water, the alleged result being the production of nitrite of ammonia and ozone—both active purifiers of air. Knowing the efficiency of moistened phosphorus as a generator of ozone, the author of the match method, Mr. Sigismund Beer, of this city, set out one day to procure a quantity of that substance to use in sweetening the atmosphere of a room whose musty smell had successfully resisted the power of ordinary disinfectants. Failing to find any phosphorus at the drug-stores in his neighborhood, it occurred to Mr. Beer that possibly lucifer-matches might furnish the needed element in a condition suited to his purpose. He tried them, dipping them into warm water for a few moments, then suspending them in the obnoxious room. Their effect was prompt and salutary; and thereafter, by continuing their use, he was able to enjoy the "luxury of pure and refreshing air," notwithstanding the room was in the basement of an old cellarless house on made land, the air of which was further tainted by a quantity of mouldy books and papers. In a paper lately read before the Polytechnic branch of the American Institute, Mr. Beer narrates a number of subsequent experiments with the same simple materials, the success of which convinced him that he had made a veritable discovery of great importance.

Touching the safety of the method he proposes, Mr. Beer is confident that no overcharging of the air with ozone or other injurious matter may be apprehended from the use of matches in the manner he describes. Both the ozone and the nitrate of ammonia are generated slowly, and their force is swiftly spent by combination with the impurities they are intended to remove. It is obvious that the supply of the purifying agents can be easily regulated by increasing or diminishing the number of active matches. In the room above mentioned, six bundles of matches were kept active—some near the ceiling, others near the floor—by daily watering.

In another instance, a single bunch is mentioned as having sufficed for quickly purifying the air of a room in which several adults and children were lying sick, but in this case the air was fanned against the matches while they were carried about the room, thus heightening their activity. How long a match retains its ozonizing power, Mr. Beer does not say. In conclusion, Mr. Beer claims that whatever may be said of his theory of match-action, the fact is indisputable that, in the use of matches as he suggests, we have a handy, wholesome, and inexpensive means of freeing our houses from noxious exhalations and the long train of evils attendant on the prevalence of bad air. The matter is easily tested and certainly well worth trying.—*Scientific American*, February 21, 1874.

DEATH FROM SIMULATED HYDROPHOBIA.

We have long believed that a large proportion of deaths from reputed hydrophobia in the human subject were the result of mental causes. After being bitten by an animal suspected of rabies, prolonged apprehension of the dreadful consequences, wearing on a nervous temperament, may easily develop convulsions and other extreme manifestations allied to the symptoms of canine madness. We have known of one such case, in which the patient was treated with hypodermic injections of aconite to allay the morbid excitement arising from terror. Under the influence of such an injection, perhaps excessive in quantity, he was seized with convulsions, and fell dead. But a better marked case has come to light in Philadelphia. A man named Stephen Dooly was bitten on the leg by a dog in September last, whilst looking at a procession. The bite was so slight that only the indented marks of the teeth were left and no blood was drawn. He thought nothing about it, until reading of Ada Clare's horrible death he told his friends that he felt symptoms like those she experienced. That day, he fell in the street, frothing at the mouth and exhibiting some of the peculiarities of hydrophobia. His spasms were severe and frequent, his torture acute, until death relieved him. This was nearly six months after the bite.

A HINT IN GIVING IODIDE OF POTASSIUM.

A useful hint is revived in the *British Medical Journal*, by Mr. Joseph P. McSweeny. He says: "Sir James Paget was the first to call the attention of the medical profession to the following interesting fact—namely, that carbonate of ammonia greatly increases the therapeutic action of iodide of potassium. I have had extensive experience in the treatment of syphilis, and have tried it with the best results, and find that five grains of iodide of potassium, combined with three grains of carbonate of ammonia, are equal to eight grains of the potassium salt administered in the ordinary way."

Chemical Brevities.

THE CINCHONA ALKALOIDS.

The following observations have a peculiar practical importance just now, because, for the first time, all of them can be obtained in a form convenient for administration. Dr. Joseph Dougall, of India (*Edinburgh Medical Journal*) presents the results of a large number of careful observations. The three most important alkaloids—cinchonia, quinidia, and cinchonidia—are obtained so largely in the manufacture of quinia from some cinchona barks, that the question of their utility is full of interest. From a series of comparative trials of these alkaloids in malarial fever, Dr. Dougall obtained conclusive evidence of their value. In the one hundred and eight cases reported, quinidia was given in thirty-nine cases, cinchonidia in thirty-five, and cinchonia in thirty-four. There was little difference between the alkaloids in the necessary duration of treatment; but a difference was observed in the doses required. Quinidia was the most powerful, cinchonidia the next, and cinchonia the least, but even this was adequate in appropriate doses. It was noticed that they were the most serviceable when administered during the paroxysm only. Among the symptoms induced by the remedy, and an important concomitant of the cure, was bilious purging, which occurred in nearly one half of the cases treated.

Turpentine an Antidote for Phosphorus.—It appears to be well established that turpentine combines with phosphorus both in the stomach and in the blood, forming an almost inert turpentine-phosphorus acid. One part of phosphorus is more than neutralized by one hundred of turpentine. The antidote should be given for several days. Fats, oils, and milk must be avoided, as they dissolve the phosphorus and increase its activity. A patient recovering from phosphorus poisoning under the use of turpentine was killed by a dose of castor-oil given as a purge.

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Medical College of Ohio	Cincinnati, Ohio	1819	James Graham, M.D., Dean.
Cleveland Medical College	Cleveland, Ohio	1843	J. L. Cassels, M.D., LL.D., Dean.
Starling Medical College	Columbus, Oxio	1847	Francis Carter, M.D., Dean.
College of Medicine and Surgery	Cincinnati, Ohio	1851	S. S. Lawson, M.D., Dean.
Miami Medical College	" "	1852	George Mendenhall, M.D., Dean.
Medical Department of the University of Wooster	Cleveland, Ohio	....	G. C. E. Weber, M.D., Dean.
Medical Department of Willamette University	Salem, Oregon	....	Daniel Payton, M.D.
Medical Department of University of Pennsylvania	Philadelphia, Pa.	1765	R. E. Rogers, M.D., Dean.
Jefferson Medical College	" "	1826	B. Howard Rand, M.D., Dean.
Woman's Medical College of Pennsylvania	" "	1850	E. H. Cleveland, M.D., Sec.
Medical Department of Lincoln University	Oxford, Pa.	....	Isaac N. Rendall, D.D., Pres.
Medical College of the State of South-Carolina	Charleston, S. C.	1824	George E. Trescot, M.D., Dean
Medical Department of University of South-Carolina	Columbia, S. C.	....	
Medical Department of the University of Nashville	Nashville, Tenn.	1850	T. B. Buchanan, M.D., Sec.
Memphis Medical Coll. (Med. Depart. of Cumberland Univer.)	Memphis, Tenn.	....	A. Erskine, M.D., Dean.
Texas Medical College	Galveston, Tex.	1868	
Medical Department of Vermont University	Burlington, Vt.	....	P. Collier, Ph.D., M.D.
Medical Department of the University of Virginia	Charlottesville, Va.	1825	S. Maupin, A.M., M.D.
Medical College of Virginia	Richmond, Va.	1838	James B. McCaw, M.D., Dean.
Medical Department of Georgetown College	Washington, D. C.	1850	Johnson Eliot, M.D., Dean.
Medical Department of Columbian College	" "	1868	John C. Riley, M.D., Dean.
Medical Department of Howard University	" "	1867	Robert Reyburn, M.D., Dean.
2. "Eclectic" System.			
Bennett College of Eclectic Medicine and Surgery	Chicago, Ill.	1868	Milton Jay, M.D., Dean.
Eclectic Medical Institute	Cincinnati, Ohio	1844	John M. Scudder, M.D., Dean.
Eclectic Medical College	New-York City, N. Y	1866	
Eclectic Medical College	Philadelphia, Pa.	1848	
Eclectic Medical College	Macon, Ga.	...	
3. "Homœopathic" System.			
Hahnemann Medical College	Chicago, Ill.	1859	F. A. Lord, M.D., Registrar.
Homœopathic Medical College	St. Louis, Mo.	1858	
Homœopathic Medical College	New-York City, N.Y	1859	Carroll Dunham, M.D., Dean.
New-York Medical College for Women	" "	1863	
Homœopathic Hospital College	Cleveland, Ohio	1849	H. F. Biggar, D.D., Registrar.
Homœopathic Medical College for Women	" "	1863	
Hahnemann Medical College	Philadelphia, Pa.	1847	H. N. Guernsey, M.D., Dean.
II. PHARMACEUTICAL.			
California Pharmaceutical Society	San Francisco, Cal.	....	
Chicago College of Pharmacy	Chicago, Ill.	1859	A. E. Ebert, Dean.
Indiana Pharmaceutical Society	Indianapolis, Ind.	....	
Department of Pharmacy, Iowa Wesleyan University	Mt. Pleasant, Iowa	....	John Wheeler, D.D., President.
Kansas College of Pharmacy	Leavenworth, Kan.	....	
Louisville College of Pharmacy	Louisville, Ky.	....	F. C. Miller, Secretary.
Maryland College of Pharmacy	Baltimore, Md.	1841	J. Brown Baxley, President.
School of Pharmacy, University of Michigan	Ann Arbor, Mich.	1868	A. B. Prescott, M.D.
East-Saginaw Valley Pharmaceutical Association	East-Saginaw, Mich.	....	
Massachusetts College of Pharmacy	Boston, Mass.	1867	
New-Jersey Pharmaceutical Association	——, N. J.	....	
Newark Pharmaceutical Association	Newark, N. J.	....	
College of Pharmacy of the City of New-York	New-York City, N. Y	1829	Edward L. Milhau, Secretary.
College of Pharmacy of Baldwin University	Berea, Ohio	1865	
Cincinnati College of Pharmacy	Cincinnati, Ohio	....	
Philadelphia College of Pharmacy	Philadelphia, Pa.	1821	Robert Bridges, M.D., Dean.
Rhode Island Pharmaceutical Society	Providence, R. I.	....	
School of Pharmacy of Howard University	Washington, D. C.	....	General O. O. Howard.
Washington Pharmaceutical Society	" "	....	R. B. Ferguson.
School of Pharmacy of Georgetown College	" "	1870	

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